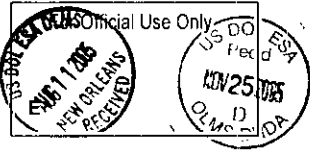


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13313	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Peter Babin III P.O. Box, Bldg., Room No., if any Street 7370 Chef Menteur Highway City New Orleans State Louisiana ZIP Code + 4 70126-5314	4. Name, file number, and address of labor organization. Name I. U. O. E. Local No. 406 Labor Organization File Number 022-326 P.O. Box, Building and Room Number, if any Street 7370 Chef Menteur Highway City New Orleans State Louisiana ZIP Code + 4 70126-5314
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/10/05
Date

(504) 241-1311
Telephone Number

Name of Person Filing Peter Babin III	File Number U-
---------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IUOE & Pipeline Ers Health & Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125 17th Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>								
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Health & Welfare Fund covers the officers/staff of IUOE Local Unions and receives contributions from such Locals; the Fund pays rent to the IUOE and reimburses certain administrative expenses including salaries, fringe benefits, postage and phone.</p>								
	<p>11.b. Approximate dollar value of such dealing. \$113,152</p>								
	<p>12.a. Nature of interest held or income received.</p> <p>Peter Babin III is a Trustee of the Health & Welfare Plan. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses:</p> <table> <tr> <td>1/30/04</td> <td>\$ 102</td> </tr> <tr> <td>7/02/04</td> <td>\$ 326</td> </tr> <tr> <td>2/06/04</td> <td>\$ 644</td> </tr> <tr> <td>8/22/04</td> <td>\$1403</td> </tr> </table>	1/30/04	\$ 102	7/02/04	\$ 326	2/06/04	\$ 644	8/22/04	\$1403
1/30/04	\$ 102								
7/02/04	\$ 326								
2/06/04	\$ 644								
8/22/04	\$1403								
	<p>12.b. Amount. \$2,475</p>								

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Peter Babin III

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IUOE General Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 17th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The General Pension Plan (GPP) covers the officers/staff of IUOE Local Unions and receives contributions from such Locals; the GPP pays rent to the IUOE and reimburses certain administrative expenses including salaries, fringe benefits, postage and phone.

11.b. Approximate dollar value of such dealing.

\$72,072

12.a. Nature of interest held or income received.

Peter Babin III is a Trustee of the GPP. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses were:

1/13/2004 \$ 102

1/14&15/2004 \$1062

8/17/2004 \$ 918

12.b. Amount.

\$2,082

Name of Person Filing Peter Babin III

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Robein, Urann & Lurye, APLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 2540 Severn Avenue

City Metairie

State Louisiana ZIP Code + 4 70002

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Union's Law Firm

11.b. Approximate dollar value of such dealing. \$31,892

12.a. Nature of interest held or income received.

Meal at Salvatore's Restaurant, Metairie, LA on 02/02/04 in the amount of \$24.

Christmas gift on 12/09/04 valued at \$37.

12.b. Amount. \$61

Name of Person Filing Peter Babin III

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Killian Asset Management Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 600

Street 1250 West N.W. Highway

City Palatine

State Illinois ZIP Code + 4 60067

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IUOE General Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 17th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036

11.a. Nature of such dealing.

Investment consultant to Pension Fund.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Killian Asset Management Co. sponsored a dinner for the Board of Trustees of the GPP, of which Peter Babin III is a member. It is believed that the value of the meal was somewhat greater than \$25, but the exact value of the meal is not known.

12.b. Amount.

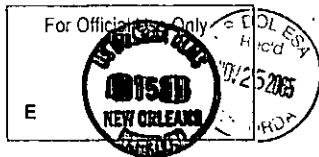
\$ 30



FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

AMENDED

1. File Number U - 13313	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Peter Babin III P.O. Box, Bldg., Room No., if any Street 7370 Chef Menteur Highway City New Orleans State Louisiana ZIP Code + 4 70126-5314	4. Name, file number, and address of labor organization. Name I. U. O. E. Local No. 406 Labor Organization File Number 022-326 P.O. Box, Building and Room Number, if any Street 7370 Chef Menteur Highway City New Orleans State Louisiana ZIP Code + 4 70126-5314
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>8/15/04</u> Date <u>(247) 241-1311</u> Telephone Number

Name of Person Filing Peter Babin III	File Number U-
--	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name IUOE & Pipeline Ers Health & Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125 17th Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>								
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>The Health & Welfare Fund covers the officers/staff of IUOE Local Unions and receives contributions from such Locals; the Fund pays rent to the IUOE and reimburses certain administrative expenses including salaries, fringe benefits, postage and phone.</p>								
	<p>11.b. Approximate dollar value of such dealing. \$113,152</p>								
	<p>12.a. Nature of interest held or income received.</p> <p>Peter Babin III is a Trustee of the Health & Welfare Plan. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1/30/04</td> <td style="text-align: right;">\$ 102</td> </tr> <tr> <td>7/02/04</td> <td style="text-align: right;">\$ 326</td> </tr> <tr> <td>2/06/04</td> <td style="text-align: right;">\$ 644</td> </tr> <tr> <td>8/22/04</td> <td style="text-align: right;">\$1403</td> </tr> </table>	1/30/04	\$ 102	7/02/04	\$ 326	2/06/04	\$ 644	8/22/04	\$1403
1/30/04	\$ 102								
7/02/04	\$ 326								
2/06/04	\$ 644								
8/22/04	\$1403								
	<p>12.b. Amount. \$2,475</p>								

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Peter Babin III

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name IUOE General Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1125 17th Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20036

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

The General Pension Plan (GPP) covers the officers/ staff of IUOE Local Unions and receives contributions from such Locals; the GPP pays rent to the IUOE and reimburses certain administrative expenses including salaries, fringe benefits, postage and phone.

11.b. Approximate dollar value of such dealing.

\$72,072

12.a. Nature of interest held or income received.

Peter Babin III is a Trustee of the GPP. Meeting expenses to third-party businesses for meals or hotels for his proportionate share of expenses were:

1/13/2004 \$ 102

1/14&15/2004 \$1062

8/17/2004 \$ 918

12.b. Amount.

\$2,982

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Robein, Urann & Lurye, APLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 2540 Severn Avenue

City Metairie

State Louisiana

ZIP Code + 4 70002

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Union's Law Firm

11.b. Approximate dollar value of such dealing.

\$31,892

12.a. Nature of interest held or income received.

Meal at Salvatore's Restaurant, Metairie, LA on 02/02/04 in the amount of \$24.

Christmas gift on 12/09/04 valued at \$37.

12.b. Amount.

\$61

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Killian Asset Management Co.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 600</p> <p>Street 1250 West N.W. Highway</p> <p>City Palatine</p> <p>State Illinois ZIP Code + 4 60067</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name IUOE General Pension Plan</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1125 17th Street, N.W.</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20036</p>	<p>11.a. Nature of such dealing.</p> <p>Investment consultant to Pension Fund.</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Killian Asset Management Co. sponsored a dinner for the Board of Trustees of the GPP, of which Peter Babin III is a member. It is believed that the value of the meal was somewhat greater than \$25, but the exact value of the meal is not known.</p> <p>12.b. Amount. \$30</p>

Name of Person Filing Peter Babin III

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 15 Union Square

City New York

State New York

ZIP Code + 4 10003-3378

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

None

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Golf outing 1/21/2004.

12.b. Amount.

\$136